FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:06

DOCUMENT # P94000086733 (0)

1. Corporation Name

VIDEO CONFERENCING ALLIANCE NETWORK, INC.

Principal Place of Business	Mailing Address
600 N. WESTSHORE BLVD., SUITE 702 TAMPA FL 33609	600 N. WESTSHORE BLVD., SUITE 702 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:
4. FEI Number: 59-3289982 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRAVENS, ELAINE H
600 N. WESTSHORE BLVD., SUITE 702
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of new registered agent, and title if applicable) ______ (Note: Registered Agent signature required when agent changes) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHUGOLL, GENE
STREET ADDRESS	7475 WISCONSIN AVE., SUITE 200
CITY ST ZIP	BETHESDA MD 20814
TITLE	D
NAME	CRAVENS, ELAINE H
STREET ADDRESS	600 N. WESTSHORE BLVD., SUITE 702
CITY ST ZIP	TAMPA FL 33609
TITLE	D
NAME	SHORES, BEVERLY
STREET ADDRESS	9908 CARVER RD.
CITY ST ZIP	CINCINATTI OH 45202
TITLE	D
NAME	ALTSCHUL, KEN
STREET ADDRESS	600 MADISON AVE.
CITY ST ZIP	NEW YORK NY 10010
TITLE	D
NAME	DIMBERT, ELLEN
STREET ADDRESS	7220 W. 98TH TERR.
CITY ST ZIP	OVERLAND PARK KS 66212
TITLE	D
NAME	LEIBOWITZ, TERI
STREET ADDRESS	4824 PARKWAY PLAZA BLVD., SUITE 110
CITY ST ZIP	CHARLOTTE NC 28217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D	☐ Change ☒ Addition
1 NAME	~~Teri Leibowitz~~	
1 STREET ADDRESS	~~4824 Parkway Plaza Blvd., Suite 110~~	
1 CITY ST ZIP	~~Charlotte NC 28217~~	
2 TITLE	D	☐ Change ☒ Addition
2 NAME	Merle Holman	
2 STREET ADDRESS	555 E. City Line Avenue	
2 CITY ST ZIP	Bala Cynwyd, PA 19004	
3 TITLE	D	☐ Change ☒ Addition
3 NAME	Andrew S. Martin	
3 STREET ADDRESS	8201 S.W. 34th	
3 CITY ST ZIP	Amarillo, TX 79121	
4 TITLE	D	☐ Change ☒ Addition
4 NAME	Val Maxwell	
4 STREET ADDRESS	770 Frontage Road, Suite 110	
4 CITY ST ZIP	Northfield IL 60093	
5 TITLE	D	☐ Change ☒ Addition
5 NAME	Mark Tobias	
5 STREET ADDRESS	345 N. Maple Drive	
5 CITY ST ZIP	Beverly Hills, CA 90210	
6 TITLE	D	☐ Change ☒ Addition
6 NAME	Mimi Nichols	
6 STREET ADDRESS	333 W. El Camino Real, Suite 180	
6 CITY ST ZIP	Sunnyvale, CA 94087	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Herron Cravens - Elaine Herron Cravens 1-31-95 813-282-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Title / Date / Daytime Phone #

0203693 CP